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<i>Dawn M. Myers</i>	(Depositor's name)
<i>Dawn M. Myers</i>	(Signature)
<i>8-3-04</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/848,811	05/04/2001	Todd H. Rider	01997-227003 0050.2067-004	8505

TITLE OF INVENTION: OPTOELECTRONIC SENSOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$665 \$1,330	\$300	\$965 \$1630	08/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHIN, CHRISTOPHER L	1641	435-007200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hamilton, Brook, Smith & Reynolds, P.C.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Massachusetts Institute of Technology

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 15

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(Authorized Signature)

(Date)

*Robert T. Conway**August 3, 2004*

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06/05/2004 SDIRETAE 00000031 03646611

01 FC:1501

1330.00 OP

02 FC:1504

300.00 OP

03 FC:6001

45.00 OP

TRANSMIT THIS FORM WITH FEE(S)



Date of Allowance: May 4, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Todd H. Rider and Laura Smith
Application No.: 09/848,811 Group: 1641
Filed: May 4, 2001 Examiner: Chin, Christopher L.
Confirmation No.: 8505
For: OPTOELECTRONIC SENSOR

CERTIFICATE OF MAILING OR TRANSMISSION	
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8-3-04	<i>Laura M. Myers</i>
Date	Signature
<i>Laura M. Myers</i>	
Typed or printed name of person signing certificate	

NOTIFICATION OF REQUEST FOR REMOVAL OF SMALL ENTITY STATUS

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant requests removal of small entity status for this application pursuant to 37 C.F.R. § 1.27(g)(2).

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Date: *August 3, 2004*